PTO/SB/17 (12-04v2)

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For FY	L	First Named Inventor		Izuo AOKI						
	Examiner Name		E. O. Price							
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		1621					
TOTAL AMOUNT OF PAYMENT (\$) 1,240.00		Attorney Docket No.		1576.79 (NIW-009USRCE2)						
METHOD OF PAYMENT (che	ck all that appl	y)	2							
Check Credit Card	Money Or	rder None	Othe	r (please ider	ntify):					
X Deposit Account Deposit Acco	unt Number: 12-0	080 Deposit Accou	int Name:	La	hive & Cockfiel	d, LLP				
For the above-identified d	eposit account,	the Director is h	nereby author	ized to: (che	eck all that apply)					
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULATION										
1. BASIC FILING, SEARCH, AND	EXAMINATIO	N FEES								
Appellantian Torre	FILING FEES	ntity	RCH FEES Small Entit	¥	NATION FEES Small Entity		>-1-1-/A\			
	e (\$) Fee (00 150		<u>Fee (\$)</u> 250	<u>Fee (\$)</u> 200	<u>Fee (\$)</u> 100	rees r	Paid (\$)			
•	00 100		50	130	65					
ŭ	00 100		150	160	80		<u>u</u>			
Reissue 30	00 150	500	250	600	300					
Provisional 20	00 100	0	0	0	0					
2. EXCESS CLAIM FEES							Small Entity			
Fee Description						Fee (\$)	<u>Fee (\$)</u>			
Each claim over 20 (including Re	•					50	25			
Each independent claim over 3 (including Reissues)						200	100			
Multiple dependent claims						360	180			
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple De						ent Claims Fee Paid (\$	3			
-23 -	- ^				<u> </u>	001 414 10	_			
Indep. Claims Extra Claims	Fee (\$)	Fee Pa	id (\$)				_			
44=	_ ×	=								
3. APPLICATION SIZE FEE If the specification and drawings listings under 37 CFR 1.52(e) sheets or fraction thereof. See), the applicati	on size fee due	is \$250 (\$125	for small e)			
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets						Fee Paid (\$)				
4. OTHER FEE(S)	/50	(/	ound up to a w	nois number)	^	Fees	 Paid (\$)			
Non-English Specification. \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 1252 Extension for response within second month							790.00 450.00			
SUBMITTED BY										
		Ть	ogistestion No							

SUBMITTED BY							
Signature	AMM	Registration No. (Attorney/Agent)	43,670	Telephone	(617) 227-7400		
Name (Print/Type)	Danielle L. Herritt			Date	September 12, 2005		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 553 869 211 US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 12, 2005

Signature: _